



Guide to the Health Plan FAST Fund for Rome and its Province 2023

Tourism Healthcare Fund (Fondo Assistenza
Sanitaria Turismo - FAST)

**Advice service
Freephone Number
800-016639**

**from abroad: country code for Italy
+ 051.63.89.046
hours:
8.30 am - 7.30 pm from Monday to
Friday**

**For all Inpatient Department
services, it is ADVISABLE to contact
the number above in advance.**

In accordance with the new provisions of Italian Legislative Decree 209/2005 Art. 185, "Policyholder Information Notice", the Company informs you that:

- the legislation applied to the contract is that of Italy;
- any complaints regarding the contractual relationship or the handling of claims must be submitted in writing to:

**UniSalute S.p.A. - Complaints Department Via Larga, 8 - 40138 Bologna fax 051-7096892
email reclamami@unisalute.it.**

If the complainant is not satisfied with the outcome of the complaint or if no response is received within 45 days, they may contact IVASS (Italian Institute for Insurance Supervision), User Protection Service, Via del Quirinale, 21 - 00187 Rome, telephone 06.42.133.1. Complaints addressed to IVASS should contain:

- a) the forename, surname and address of the complainant, with a telephone number where possible;
- b) identification of the person or persons whose actions are the subject of the complaint;
- c) a brief description of the reason for the complaint;
- d) a copy of the complaint submitted to the Company and of any reply provided by the Company;
- e) any documents that may help to describe the relevant circumstances more fully.

Information on how to file a claim can also be found on the Company's website: www.fondofast.it. In relation to disputes concerning the calculation of benefits and the attribution of liability, it should be noted that the Judicial Authority retains exclusive jurisdiction, in addition to the option of resorting to conciliation systems, where these exist.

Guide to the FAST Fund Health Plan for Rome and its Province Tourism Healthcare Fund (Fondo Assistenza Sanitaria Turismo - FAST)

This handbook is designed to be an easy-to-use explanatory tool; it cannot, under any circumstances, replace the contract, but merely highlights its main features.
The contract therefore remains the only valid tool for a complete and comprehensive reference.

The plan's benefits are guaranteed by:



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2. WELCOME

The “Guide to the Health Plan” is a useful aid for understanding and using the health cover. We advise you to follow the instructions in the Guide whenever you need to use the Health Plan.

Online services offered by the FAST Fund

At www.fondofast.it, you have access to a **personal space with practical online features** that make it even quicker and easier to use the Health Plan.

The online services **are available 24 hours a day, every day of the year**, and are also available in a *mobile* version for smartphones and tablets! For more information, see section 4 of this Guide.

3. HOW TO USE THE PLAN'S BENEFITS

3.1 *If you choose an affiliated facility*

The FAST Fund, through UniSalute, has concluded agreements with a network of private healthcare facilities that guarantee high standards of medical professionalism, healthcare technology, comfort and hospitality.

The list of affiliated healthcare facilities is available at www.fondofast.it in the employees' Personal Space or by calling the Operations Centre. It is constantly updated and easily accessible.

By using the affiliated facilities, you benefit from numerous advantages:

- you do not have to incur any costs (except as provided for under individual policies), as the payment of benefits is made directly between the FAST Fund, UniSalute and the affiliated facility;
- you minimise the waiting time between the request and the service.

At the time of the service, which must be authorised in advance by the FAST Fund, through UniSalute, you must present an identity document to the affiliated facility and, when requested, a prescription from your doctor indicating the confirmed or suspected condition and the diagnostic and/or treatment services required. Working diagnosis is defined as the already confirmed or suspected diagnosis, or the main symptom to be reported on the request for examinations or medical consultations.

The FAST Fund, through UniSalute, shall pay the costs of authorised healthcare services directly to the affiliated facility. You will only have to incur expenses within the affiliated facility in cases where part of a service is not included in the Health Plan benefits.

Important

Before a service in an affiliated facility, check whether the doctor you choose is affiliated by UniSalute to the FAST Fund. Use the **Booking feature on the website www.fondofast.it** in the employees' Personal Space, it's quick and convenient!

3.2 If you choose a non-affiliated facility

To ensure you have as much freedom of choice as possible, the Health Plan may also provide for the option of using private non-affiliated healthcare facilities. The costs incurred will be reimbursed in accordance with the provisions for individual services.

To request reimbursement of expenses, go to www.fondofast.it in the employees' Personal Space: you can send documents directly from the website.

Request reimbursement online

Request reimbursement of expenses online: submit documents electronically (upload them) and save time!

Below you will find the documentation generally required for the reimbursement of medical expenses incurred, except as provided for under individual Health Plan policies:

- Fill in the required fields from your personal space on the website www.fondofast.it
- in the case of **hospitalisation for surgery**, a copy of the medical record, complete with the hospital discharge form (SDO), conforming to the original;

- in the case of **outpatient surgery**, a complete copy of the clinical documentation;
- in the case of a **daily allowance for hospitalisation for surgery**, a copy of the medical record, complete with the hospital discharge form (SDO), conforming to the original;

All medical documentation relating to services prior to and following hospitalisation and related to it must be sent together with that of the event to which it relates.

- for **all other services**, a copy of the prescription, specifying the suspected or confirmed condition, from your doctor. Working diagnosis is defined as the already confirmed or suspected diagnosis, or the main symptom to be reported on the request for examinations or medical consultations;
- a copy of the **expense documentation** (bills and receipts) showing the payment acknowledgement and the details of the service provided.

In order to properly assess the claim, the FAST Fund, through UniSalute, reserves the right to request production of the originals.

The FAST Fund, through UniSalute, may also request medical checks, including by issuing a specific authorisation to override the professional confidentiality constraints to which doctors who have carried out examinations and treatment are subject.

3.3 If you choose the National Health Service

If you use the National Health Service (S.S.N.) or private facilities accredited by the S.S.N., you can request copayment reimbursement on www.fondofast.it in the employees' Personal Space. It's quick and easy!

Review of allowance in lieu within 20 days

Request reimbursement of your allowance in lieu online: follow the short guided process and send the documents electronically. Save time and receive a review of your request within 20 days!

4. ONLINE AND MOBILE SERVICES

Numerous convenient services available 24 hours a day, every day of the year. On the website www.fondofast.it in the employees' Personal Space, you can:

- **book** various services not related to hospitalisation under your Health Plan at affiliated facilities and **receive quick confirmation of your appointment**;
- **check and update** your **personal details** and **bank details**;
- request **reimbursement for services and send the documentation directly from the website (upload)**;
- view your **account statement** with the processing status of reimbursement requests;
- consult the **services** under your **Health Plan**;
- consult the list of **affiliated healthcare facilities**;
- get **medical advice**.

4.1 How can I register at www.fondofast.it to access the services in the employees' Personal Space?

On the home page of the website www.fondofast.it, by clicking on “Employee Registration” and creating a new account. Upon registration, you will be sent a confirmation email with access credentials for your personal space.

4.2 How can I book services at affiliated healthcare facilities online?

Through your personal space on www.fondofast.it, you can book appointments at affiliated facilities by accessing the “Book consultations/examinations” feature.

Depending on your needs, you can:

- book the service directly by filling in the appropriate form;
- view all details relating to your booking;
- cancel or amend a booking.

Fast booking

Book online and take advantage of the **fast booking** service!

4.3 How can I update my details online?

Log in to the Employees' Space and **go to the "Update Details" section.**

Depending on your needs, you can:

- update your address and bank details (IBAN code);
- provide your mobile phone number and email address to enable you to conveniently receive useful messages on your mobile or via email.

Email and SMS messaging system

Receive **confirmation of your scheduled appointment** at an affiliated healthcare facility, with details of the place, date and time of the appointment; **notification of authorisation** to perform the service; **request for IBAN code**, if missing; confirmation of **reimbursement**.

4.4 How can I request reimbursement for services?

Log in to your personal space, go to the "Open Case" section and select the feature you require.

Request reimbursement online

Request reimbursement of expenses online: **submit documents electronically (upload them) and save time!**

4.5 How can I consult my account statement and the status of my reimbursement requests?

From within your personal space, you can promptly check the status of your case by clicking on "Account Statement".

The data is updated daily and can be consulted at any time to get real-time information on the process and outcome of each of your reimbursement requests, view which reimbursement requests require you to submit any missing documentation, thereby speeding up the reimbursement process, or the reasons for non-payment.

For each document, in addition to its identification data, you will find the amount we have reimbursed and the amount remaining at your expense. All pages displayed are printable.

4.6 How can I consult the services available under my Health Plan and affiliated health facilities?

Log in to the site by clicking on Login and go to the “Services and Affiliated Facilities” area.

Select the feature you are interested in to view the benefits of your Health Plan or the list of healthcare facilities affiliated by UniSalute to the FAST Fund.

4.7 How can I get medical advice?

In the Employees’ Space, you will find the “doctor’s advice” feature, where you can obtain medical advice online, directly via email. If you have any concerns about your health and want medical advice from a specialist, this is the ideal place to talk about treatment, seek advice and address any problems and uncertainties about your well-being.

Log in and send your questions to our doctors. They will reply to you via email as soon as possible. The answers to the most interesting questions and on the most interesting topics are posted on the website for employees, with complete anonymity.

5. PERSONS FOR WHOM COVER IS AVAILABLE

The Health Plan is provided for employees in Rome and its Province working in companies that apply the National Collective Labour Agreement for the Tourism sector and who are members of the FAST Fund, in accordance with its regulations.

6. THE HEALTH PLAN’S BENEFITS

The Health Plan is effective in the event of illness and injury occurring during the period of validity of the Health Plan for the following services:

- HOSPITALISATION FOR SURGERY, DAY SURGERY AND OUTPATIENT SURGERY (MEANING THOSE LISTED IN POINT 9 BELOW)
- DIAGNOSTIC IMAGING: TRADITIONAL RADIOLOGY
- SPECIALIST CONSULTATIONS
- ORTHOPAEDIC PROSTHESES/MEDICAL AIDS
- PHYSIOTHERAPY REHABILITATION TREATMENT
- IMPLANTOLOGY SERVICES
- AVULSION (TOOTH EXTRACTION)
- SPECIAL DENTAL SERVICES (PREVENTION)
- HEALTH MONITORING SERVICE
- ADVICE SERVICES

6.1 HOSPITALISATION IN A MEDICAL INSTITUTION FOR SURGICAL PROCEDURES, DAY SURGERY AND OUTPATIENT SURGICAL PROCEDURES (MEANING THOSE LISTED IN POINT 9 BELOW)

Hospitalisation is defined as admission to a medical institution involving an overnight stay; treatment in the Accident and Emergency Department does not constitute hospitalisation. If a Member is hospitalised for a surgical procedure, meaning one of the procedures listed in point 9 below, they are entitled to the following benefits:

<p>PRE-ADMISSION</p>	<p>Examinations, diagnostic tests and specialist consultations conducted in the 60 days prior to the start of the hospitalisation, provided these were necessitated by the illness or accident that led to the hospitalisation. This cover is provided on a reimbursement-only basis.</p>
<p>SURGERY</p>	<p>Fees for the surgeon, assistant, anaesthetist and any other person involved in the operation (as stated in the operating report); operating theatre fees and surgical material, including endoprotheses.</p>

MEDICAL CARE, MEDICATION AND TREATMENT	Medical and nursing services, medical consultations, medication, examinations, diagnostic tests and physiotherapy and rehabilitation treatment during the period of hospitalisation.
HOSPITALISATION FEE	Non-essential expenses are not included in the cover. In the event of hospitalisation in a medical institution not affiliated with UniSalute for the FAST Fund, the expenses incurred shall be reimbursed up to a limit of €300.00 per day.
ACCOMPANYING PERSON	Board and lodging for the accompanying person in the medical institution or in a hotel. In the event of hospitalisation in a medical institution not affiliated with UniSalute for the FAST Fund, the coverage is provided up to a limit of €50.00 per day for a maximum of 30 days per hospitalisation.
INDIVIDUAL PRIVATE NURSING CARE	Private individual nursing care up to a limit of €60.00 per day for a maximum of 30 days per hospitalisation. This cover is provided on a reimbursement-only basis.
POST-DISCHARGE	Diagnostic examinations and tests, medical, surgical and nursing services (the latter if the request is certified at the time of discharge from hospital), physiotherapy or rehabilitation treatment and spa treatments (excluding hotel costs) carried out within 60 days of the end of hospitalisation, provided that they are necessitated by the illness or injury that led to the hospitalisation. Medication prescribed by the attending physician upon discharge from the medical institution is included in the cover. This cover is provided exclusively on a direct basis in healthcare facilities and with personnel affiliated with UniSalute for the FAST Fund. For medication, nursing services and spa treatments, cover is provided on a reimbursement-only basis.

- **In the event of the use of healthcare facilities and personnel affiliated by UniSalute to the FAST FUND**

Costs of services provided to the Member shall be paid directly by the FAST Fund, through UniSalute, to the affiliated facilities with the application of a **20%** deductible, which must be paid by the Member to the affiliated facility at the time of use of the service, without prejudice to the limitations provided for under individual policies.

- **In the event of the use of *non-affiliated facilities***

Costs related to services provided shall be reimbursed at a rate of **80%**, with the application of a minimum deductible of **€2,000.00 per procedure**, without prejudice to the limitations provided for under individual policies.

Reimbursement shall be made up to a limit of a sub-limit of **€8,000.00** for each procedure carried out, up to the total annual expenditure limit for the inpatient department.

This method of provision of benefits shall only be implemented if the Member lives in a province that does not have any healthcare facilities affiliated with UniSalute for the FAST Fund. Otherwise, it is understood that the Member will have to use an affiliated healthcare facility, choosing it from among all those affiliated.

If a surgical procedure is carried out by non-affiliated medical personnel in a facility affiliated with UniSalute for the FAST Fund, all expenses related to hospitalisation shall be reimbursed in the same way as in the case of hospitalisation in facilities not affiliated with UniSalute for the FAST Fund (therefore to the extent of **80%** with the application of the minimum deductible of **€2,000.00** and with a ceiling of **€8,000.00** per procedure).

This method of provision of benefits shall only be implemented if the Member lives in a province that does not have any affiliated healthcare facilities with doctors affiliated with UniSalute for the FAST Fund. Otherwise, it is understood that the Member will have to use an affiliated healthcare facility with affiliated doctors, choosing it from among all those affiliated.

- **In the event of the use of National Health Service facilities**

In the event of **hospitalisation in facilities run by the National Health Service (S.S.N.) or accredited by it in the form of direct assistance**, and therefore at full cost to the S.S.N., the coverage set out under the point “**Allowance in lieu**” shall be implemented.

6.1.1 Medical transport

The Fund shall reimburse the costs of transporting the Member by ambulance, mobile coronary care unit or medical aircraft to the medical institution, transferring them from one medical institution to another and returning them to their home, up to a maximum of **€1,500.00** per hospitalisation.

6.1.2 *Day surgery*

In the case of day surgery, the FAST Fund, through UniSalute, shall pay the costs of services provided under the points “Hospitalisation in a medical institution for surgical procedures, day surgery and outpatient surgical procedures” and “Medical transport”, within the relevant limits indicated therein.

Surgical procedures include those listed in point 9 below.

Cover does not apply to specialist consultations, clinical analyses and instrumental examinations performed for diagnostic purposes only.

6.1.3 *Outpatient surgical procedures*

Outpatient surgical procedures include those listed in point 9 below.

The FAST Fund, through UniSalute, shall pay the costs of services provided under the points “Hospitalisation in a medical institution for surgical procedures, day surgery and outpatient surgical procedures” and “Pre-admission”, “Surgical procedures”, “Medical care, medication and treatment”, “Post-discharge” and “Medical transport”, within the relevant limits indicated therein.

6.1.4 *Newborns*

The FAST Fund, through UniSalute, shall provide for the payment of expenses for surgical procedures performed in the first year of a newborn child's life for the correction of birth defects, including pre- and post-operative consultations and diagnostic tests, as well as board and lodging for the accompanying person in the medical institution or in a hotel for the period of hospitalisation, up to an annual limit of **€10,000.00** per newborn.

6.1.5 *Allowance in lieu*

If the Member does not request any reimbursement from the Fund, either for hospitalisation or for any other related service, they shall be entitled to an allowance of **€80.00** per day of hospitalisation, for the first **30** days of hospitalisation. From the **31st** day of hospitalisation, this allowance is raised to **€100.00** per day of hospitalisation, up to a maximum of **100** days per hospitalisation.

As already mentioned, hospitalisation is defined as admission to a medical institution involving an overnight stay: this is why, when calculating the allowance in lieu, the above amounts are paid for each night spent in the medical institution.

6.1.6 Annual expenditure limit for hospitalisation for surgical procedures, day surgery and outpatient surgical procedures

The Health Plan provides for an annual expenditure limit of **€90,000.00** per membership year and per Member. This means that if this figure is reached during the year, there is no further entitlement to benefits. Coverage will resume the following year for events occurring in the new period. However, events that occurred in the previous year cannot be reimbursed.

6.2 DIAGNOSTIC IMAGING: TRADITIONAL RADIOLOGY

The Fund shall pay the costs of the following out-of-hospital services:

Conventional radiology (without contrast)

- Radiology examinations of the osteoarticular system (including spinal x-rays)
- Mammography / Bilateral Mammography (it should be noted that for this service, only a doctor's prescription is required, but not a specific condition, so a prescription stating "check-up" or "prevention" or similar shall suffice)
- Panoramic radiography
- Organ/system X-ray
- Intraoral X-ray
- Oesophageal X-ray
- Oesophageal X-ray direct examination
- Small intestine X-ray
- Digestive tract X-ray
- Upper digestive tract (oesophagus, stomach and duodenum) X-ray

- Lower digestive tract (small intestine and colon) X-ray
- Stratigraphy

Conventional radiology (with contrast)

- Angiography
- Opaque and/or double-contrast barium enema
- Hysterosalpingography and/or sonohysterosalpingography and/or sonohysterography and/or sonosalpingography
- Any contrast examination in interventional radiology
- Urography
- any contrast examination of the digestive system

Diagnostic imaging (ultrasound)

- Pelvic ultrasound including with a transvaginal probe

Colour Doppler echocardiography

- Cardiac Doppler echocardiography including colour
- Thyroid colour Doppler echocardiography

Advanced diagnostic imaging

- CT angiography
- Extracranial or intracranial CT angiography
- High-definition multilayer spiral CT scan
- CT scan with and without contrast medium
- Cardiac cine MRI
- MR angiography with contrast
- MRI with and without contrast medium
- Positron emission tomography (PET) scan for organ/region/system
- Scintigraphy of any system or organ (including myocardial perfusion imaging)
- SPECT myocardial tomoscintigraphy
- Whole-body scintigraphy with labelled autologous cells

Instrumental and specialist diagnostics

- Electromyography

- Campimetry
- Sleep-deprived electroencephalogram (EEG)
- Dynamic 24-hour electroencephalogram (EEG)
- Electroencephalogram
- Electroretinogram
- Continuous monitoring (24 hours) of blood pressure
- Oesophageal gastric pH monitoring
- Evoked potentials
- Spirometry
- Instrumental tomography map of the cornea
- Coronography
- Endovascular ultrasound
- Urodynamic examination
- Ocular fluoroangiography

Biopsies

- All

Various

- Biopsy of sentinel lymph node
- Arterial blood-gas analysis
- Endoscopic bronchoalveolar lavage
- Search for sentinel lymph node and reference point

Diagnostic endoscopy

- Endoscopic retrograde cholangiopancreatography (ERCP)
- Diagnostic cystoscopy
- Oesophagogastroduodenoscopy
- Diagnostic pancolonoscopy
- Diagnostic rectoscopy
- Diagnostic rectosigmoidoscopy
- Diagnostic tracheobronchoscopy

Operative endoscopies are subject to a sub-limit, compared to “Diagnostic imaging: traditional radiology”, of **€2,000.00** per membership year and per person.

Treatments

- Chemotherapy
- Radiotherapy
- Dialysis
- Laser therapy for physiotherapy purposes

Laser therapy for physiotherapy purposes is subject to a sub-limit, compared to “Diagnostic imaging: traditional radiology”, of **€200.00** per membership year and per person.

- ***In the event of the use of healthcare facilities and personnel affiliated by UniSalute to the FAST FUND***

Costs of services provided to the Member shall be paid directly by the FAST Fund, through UniSalute, to the facilities themselves, leaving a fee to be borne by the Member of **€50.00** for each diagnostic test or treatment cycle, which must be paid by the Member to the affiliated facility at the time of use of the service. The Member must also submit to the facility a prescription from their doctor specifying the suspected or confirmed condition. No reimbursement shall be made for services prescribed for “check-ups, tests, follow-ups” or similar.

- ***In the event of the use of non-affiliated facilities***

Costs incurred shall be reimbursed at a rate of **75%**, with the application of a minimum deductible of **€70.00** for each diagnostic test or treatment cycle. To obtain reimbursement from the Fund, the member must enclose a copy of the request from their doctor specifying the suspected or confirmed condition with the copy of the invoice. No reimbursement shall be made for services prescribed for “check-ups, tests, follow-ups” or similar.

The annual availability for this coverage is €6,000.00 per Member.

6.3 SPECIALIST CONSULTATIONS

The FAST Fund, through UniSalute, shall pay the costs of specialist consultations resulting from illness or injury, **with the exception of the following:**

- specialist dental and orthodontic consultations;
- specialist cardiology consultations;
- specialist angiology consultations;
- specialist urology consultations;
- specialist breast consultations.

Notwithstanding the provisions of the section “Cases of non-operability of the Plan” in point 2, coverage only includes an initial psychiatric examination to ascertain the presence of any condition, followed by a course of psychotherapy by persons qualified under applicable law, of a maximum of 6 sessions.

Expenditure documents (invoices and receipts) must indicate the doctor’s specialism, which, for the purposes of reimbursement, must be related to the reported condition.

This cover is only provided if the Member makes use of ***healthcare facilities and personnel affiliated with UniSalute for the FAST Fund.***

Costs of services provided to the Member shall be paid directly by the FAST Fund, through UniSalute, to the facilities themselves, leaving a fee to be borne by the Member of **€35.00** for each specialist consultation, which must be paid to the affiliated facility at the time of use of the service. The Member must submit to the facility a prescription from their doctor specifying the suspected or confirmed condition. No reimbursement shall be made for services prescribed for “check-ups, tests, follow-ups” or similar.

The annual availability for this coverage is €700.00 per Member.

6.4 ORTHOPAEDIC PROSTHESES/MEDICAL AIDS

The FAST Fund, through UniSalute, shall reimburse the costs of the purchase or rental of orthopaedic prostheses. Orthopaedic medical aids are also covered, provided that these are specifically prescribed and with an indication of the reason, including:

wheelchairs, tripods, insoles, orthopaedic footwear, ankle braces, orthopaedic body braces and corsets, knee pads and any elastomeric and/or traction device, specifically prescribed and with indication of the reason.

In order to be reimbursed, you will need to send a copy of the medical prescription stating the need for the use of the orthopaedic devices and aids with the indication of the condition.

You will also need to send a copy of the invoice or receipt indicating the product purchased or rented and, in cases where the receipt does not indicate the type of product, you will need to send a stamped and signed declaration from the seller indicating the product purchased or rented.

Costs incurred shall be reimbursed at a rate of **80%** per invoice.

The annual availability for this coverage is €2,500.00 per Member.

6.5 PHYSIOTHERAPY TREATMENT

The annual allocation for the set of benefits referred to in the points “Physiotherapy rehabilitation treatment following an injury or one of the listed conditions” and “Physiotherapy rehabilitation treatment following a temporarily debilitating condition” corresponds to €350.00 per Member. There is a sub-limit of €250.00 for acupuncture.

6.5.1 *Physiotherapy rehabilitation treatment following an injury or one of the listed conditions*

The FAST Fund, through UniSalute, shall pay the costs of

physiotherapy treatment following an injury upon presentation of an Accident and Emergency Department certificate, indicating the physiotherapy treatment to be performed.

If the certificate does not state the physiotherapy treatment to be provided, the service may also be provided with a medical prescription from a specialist for a maximum of 7 days from the date indicated on the Accident and Emergency Department certificate.

Spa treatments (excluding hotel costs) are also included only for rehabilitation purposes, provided that they are prescribed by a “general practitioner” or specialist whose specialisation is inherent to the condition reported and are carried out by medical or paramedical personnel qualified in rehabilitation therapy whose qualification must be proven by the expense document.

Acupuncture is also covered for analgesic purposes.

This benefit is also available for specific conditions, such as:

- Strokes;
- Neoplasms;
- Degenerative neurological or neuromyopathic conditions such as, but not limited to, Alzheimer’s disease, Parkinson’s disease, Amyotrophic lateral sclerosis (ALS), multiple sclerosis, amyotrophic sclerosis, Huntington’s disease.

Cover does not extend to services performed in gyms, sports and gymnastics clubs, beauty salons, health hotels, medical hotels and wellness centres, even if they have an attached medical centre.

This cover is provided on a reimbursement-only basis.

Costs incurred shall be reimbursed at a rate of **75%** per invoice.

6.5.2 *Physiotherapy rehabilitation treatment following a temporarily debilitating condition*

The FAST Fund, through UniSalute, shall pay the costs of **physiotherapy treatment, following a temporarily debilitating condition** as listed below, for rehabilitation purposes only, provided that this is prescribed by a “general practitioner” or specialist whose specialisation is inherent to the condition reported and is carried out by

medical personnel or health professionals qualified in rehabilitation therapy whose qualification must be proven by the expense document. Cover does not extend to services performed in gyms, sports and gymnastics clubs, beauty salons, health hotels, medical hotels and wellness centres, even if they have an attached medical centre.

List of conditions for which coverage is provided:

- Temporarily debilitating cardiovascular disease
- Temporarily debilitating neurological disease
- Temporary limb replacement surgery
- Temporarily debilitating high-grade pathological fractures

This cover is only provided if the Member makes use of **healthcare facilities and personnel affiliated with UniSalute for the FAST Fund**

Costs of services provided shall be paid directly by the FAST Fund, through UniSalute, to the facilities themselves, without any charge to the Member.

6.6 IMPLANTOLOGY SERVICES

Notwithstanding the provisions of the point “Cases of non-operability of the Plan” in point 3, the FAST Fund shall provide for the payment of dental implantology services.

Cover shall apply in cases where 1, 2, 3 or more implants are fitted as part of the same treatment plan.

Cover extends to the positioning of the implant, any avulsion, the final component, the provisional component and the post and core relating to the implant(s).

For payment purposes, X-rays, X-ray reports and panoramic radiographs carried out prior to and following the installation of the implant(s) must be submitted to the healthcare facility where the service is performed.

This cover is only provided if the Member makes use of **healthcare facilities and personnel affiliated with UniSalute for the FAST Fund**.

Costs of services provided to the Member shall be paid directly by the FAST Fund, through UniSalute, to the affiliated facilities.

Should the total cost of the services exceed the annual allocation, the excess amount must be paid directly by the Member to the affiliated facility.

The annual availability for this coverage is €2,300.00 per Member. An annual sub-limit of €850.00 per Member shall apply in the case of the fitting of two implants and an annual sub-limit of €450.00 in the case of the fitting of one implant.

It is specified that if, in the same membership year, after the fitting of an implant, it becomes necessary to fit a second implant, the latter shall be paid out up to a sub-limit of €850.00 net of the amount already authorised or settled.

6.7 AVULSION (TOOTH EXTRACTION)

Notwithstanding the provisions of the section “Cases of non-operability of the Plan” in point 3, the FAST Fund, through UniSalute, shall provide for the payment of avulsion (extraction) services up to a maximum of 4 teeth per year.

For payment purposes, X-rays, X-ray reports and panoramic radiographs carried out prior to and following the provision of the service must be submitted to the healthcare facility where the service is performed.

This cover is only provided if the Member makes use of *healthcare facilities and personnel affiliated with UniSalute for the FAST Fund.*

Costs of services provided to the Member shall be paid directly and in full by the FAST Fund, through UniSalute, to the affiliated facilities.

Should the total number of services exceed the number indicated above, the excess amount must be paid directly by the Member to the affiliated facility.

The annual availability for this coverage is €250.00 per Member.

6.8 SPECIAL DENTAL SERVICES (PREVENTION)

Notwithstanding the provisions of the point “Cases of non-operability of the Plan” in point 3, the FAST Fund through UniSalute, shall provide for the payment of the amount of **50%** of the “package” of special dental services available once a year **in healthcare facilities affiliated with UniSalute for the FAST Fund indicated by the Operations Centre upon reservation**. The services that constitute the “package” indicated below were created to monitor the potential presence of medical conditions, even if not yet confirmed, and are expected to be particularly appropriate for individuals who have a known family history.

- **Tartar removal with a possible follow-up consultation** using ultrasound, or alternatively, if necessary, using another type of oral hygiene treatment.

If, due to the Member’s particular clinical and/or medical condition, the doctor at the affiliated facility finds, in agreement with the Fund, that a second tartar removal session is necessary within the same membership year, the Fund shall authorise and pay for this within the above-mentioned limits.

However, further services, such as, for example, fluoride treatments, root planing, groove polishing, etc., are the responsibility of the member if requested.

6.9 HEALTH MONITORING SERVICE

The Health Monitor Service is offered by the FAST Fund through UniSalute in collaboration with SiSalute, a division of UniSalute Servizi S.r.l., a new subsidiary of UniSalute that offers non-insurance services in the health sector.

This is a remote monitoring service for clinical values in chronic diseases such as diabetes, hypertension and chronic obstructive pulmonary disease (COPD), for Members aged 50 years and over.

To activate the Service, the Member must complete the “Monitor Questionnaire – Health” on the website www.fondofast.it, available in the Personal Space that each Member can access with their login credentials.

Following the instructions provided when filling in the Questionnaire, the Member must: send medical documentation confirming the chronic disease; sign and send their consent to the processing of personal data; sign and send the Application Form for the service.

In case of doubtful or inconclusive answers to the Questionnaire, SiSalute may contact the Member by telephone in order to complete the service activation procedure.

If the Member meets the requirements to enter the remote monitoring programme, the FAST Fund, through SiSalute, will send the appropriate medical devices for the chronic disease to be monitored and activate them, following telephone contact with the Member.

The FAST Fund, through UniSalute and its qualified personnel, will remotely monitor the chronic disease and, if necessary, contact the Member by telephone, in order to verify the values detected by the medical devices.

The Member will also have an additional spending limit for specialist consultations and diagnostic tests relating to their chronic condition, which can either be carried out in facilities affiliated with UniSalute for the FAST Fund or they can obtain reimbursement of expenses incurred in the National Health Service as indicated in the section “Specialist consultations and diagnostic tests for chronic diseases”.

To resolve technical problems, Members can call the dedicated freephone number 800-169009; to request information about the service, Members can call the dedicated freephone number 800-244262. Coverage is provided for the entire membership year as long as the Member meets the requirements to participate in the remote monitoring programme.

6.9.1 Specialist consultations and diagnostic tests for chronic diseases

For Members who have joined the chronic disease monitoring programme, according to the criteria indicated in the point “Health Monitoring

Service”, the FAST Fund shall pay the costs of specialist consultations and diagnostic tests strictly related to the chronic diseases by which Members are affected, in the manner indicated below.

A medical prescription containing the working diagnosis or condition necessitating the service is required for the coverage to be activated.

- **In the event of the use of *healthcare facilities and personnel affiliated by UniSalute to the FAST FUND***

Costs of services provided to the Member shall be paid directly by the FAST Fund, through UniSalute, to the facilities themselves without any charge to the Member.

- **In the event of the use of non-affiliated facilities**

If the Member lives in a province that does not have any affiliated healthcare facilities, they may use non-affiliated healthcare facilities or personnel, and the expenses incurred shall be reimbursed without any charge to the Member.

- **If the Member uses the National Health Service**

The Company shall fully reimburse the Member’s healthcare copayments.

The annual availability for this coverage is €50.00 per Member.

6.10 ADVICE SERVICES

In Italy

The following advice services are provided by the Operations Centre by calling the freephone number **800-016639** (from abroad with the international country code for Italy + 0516389046) from Monday to Friday from 8.30 am to 7.30 pm.

From abroad

Please dial the international country code for Italy + 0516389046.

a) Health information by telephone

The Operations Centre provides a health information service regarding:

- public and private healthcare facilities: location and specialisations;

- information on the administrative aspects of healthcare (bureaucratic information, copayment exemption, direct and indirect assistance in Italy and abroad, etc.);
- specialist medical centres for particular conditions in Italy and abroad;
- medication: composition, indications and contraindications.

b) Booking health services

The Operations Centre provides a booking service for the healthcare services guaranteed by the plan on a direct assistance basis in healthcare facilities affiliated with UniSalute for the FAST Fund.

c) Immediate medical advice

If, as a result of an accident or illness, a Member requires medical advice by telephone, the Operations Centre will provide the requested information and advice through its doctors.

7. CASES OF NON-OPERABILITY OF THE PLAN

The Health Plan does not cover all events related to the type of coverage provided; in our case, not all expenses incurred for guaranteed medical services are covered by the Health Plan.

The Health Plan does not cover:

1. treatment and/or procedures for the elimination or correction of physical defects or malformations that were pre-existing when signing the Health Plan, except as provided for in the point “Newborns”;
2. the treatment of mental illnesses and mental disorders in general, including neurotic behaviour, with the exception of the provisions in the point “Specialist Consultations”;
3. dental prostheses, the treatment of periodontal disease, dental care and dental tests, except as provided for in the points “Implantology Services”, “Avulsion up to a maximum of 4 teeth (without subsequent fitting of implants)” and “Special dental services”;
4. medical services for aesthetic purposes (except for reconstructive plastic surgery made necessary by injuries or destructive procedures occurring during the period of validity of the Health Plan);

5. treatment and procedures to treat infertility and, in any case, those relating to artificial insemination;
6. hospitalisations due to the Member's need to have the assistance of a third party to carry out basic day-to-day activities, as well as long-stay hospitalisations. Long-stay hospitalisations are defined as those arising from the Member's physical condition, which no longer permits recovery with medical treatment and which necessitates a prolonged stay in a medical institution for care or maintenance physiotherapy;
7. procedures for the replacement of orthopaedic prostheses of any type;
8. the treatment of illnesses resulting from the abuse of alcohol and psychoactive drugs, as well as from the non-therapeutic use of narcotics or hallucinogens; persons who can prove that they have followed and successfully completed a detoxification programme for alcohol or drug abuse are not subject to this exclusion;
9. accidents resulting from the practice of air sports in general or any professionally practised sport;
10. accidents resulting from participation in motor races or competitions that are not purely regularity races, motorbike or motorboat races and related trials and training;
11. accidents caused by wilful misconduct by the Member;
12. the direct or indirect consequences of transmutation of the nucleus of an atom, and radiation caused by artificial acceleration of atomic particles and exposure to ionising radiation;
13. the consequences of war, insurrections, earthquakes and volcanic eruptions;
14. treatments not recognised by official medicine;
15. the direct or indirect consequences of pandemics.

*Physical defect is defined as deviation from the normal morphological arrangement of an organism or parts of its organs due to acquired medical conditions or trauma.

**Malformation is defined as deviation from the normal morphological arrangement of an organism or parts of its organs due to congenital medical conditions.

***The Operations Centre is always available to Members to clarify
any doubts that may arise
regarding complex, unclear situations.***

8. SOME IMPORTANT CLARIFICATIONS

8.1 GEOGRAPHICAL COVERAGE AREA

The Health Plan is valid worldwide in the same way as it is effective in Italy.

8.2 AGE LIMITS

The Health Plan may be taken out or renewed until the Member reaches 75 years of age, and will automatically terminate on the first annual expiry date after the Member reaches that age.

8.3 EXPENDITURE DOCUMENTS (INVOICES AND RECEIPTS)

A) Services in healthcare facilities affiliated with UniSalute for the FAST FUND

Expenditure documentation for healthcare services carried out in affiliated healthcare facilities shall be provided directly by the facility to the Member.

B) Services in non-affiliated healthcare facilities

Expenditure documentation received in copy shall be kept and attached to requests for reimbursement as required by law. Should the Fund require the Member to produce the originals, only the original documentation received shall be returned, on a monthly basis.

Documentation attached to the reimbursement request (invoices, receipts, medical prescriptions, medical records, etc.) must be sent in copy. The Fund may, at its sole discretion, request that the original documentation be sent at any time for verification purposes. We remind you that in the event of receipt of forged or counterfeit documents, the Fund shall immediately notify the competent judicial authorities for the appropriate checks and the ascertainment of any criminal liability.

Please note

Reimbursement requests must be submitted within a period of two years from the date of the invoice or expense document relating to the service provided. For hospitalisation, this time period begins on the date of discharge. Invoices and expense documents transmitted after two years shall not be reimbursed.

9. LIST OF SURGICAL PROCEDURES

NEUROSURGERY

- Removal of spinal space-occupying lesions (intramedullary and/or extramedullary)
- Removal of orbital tumours
- Cranioplasty surgery
- Neurosurgery for malignant oncological diseases
- Brachial plexus surgery
- Transsphenoidal pituitary surgery
- Surgery for lumbosacral disc herniations

GENERAL SURGERY

- Femoral Hernia
- Surgery for the removal of malignant breast neoplasms with the potential fitting of implants
- Breast lumpectomy

OPHTHAMOLOGY

- Surgery for neoplasms of the eyeball
- Chalazion
- Cataract and lens surgery with potential vitrectomy
- Surgery for the correction of severe myopia (in the case of anisometropia of 4 dioptries or more and in the case of visual impairment of 7.25 dioptries or more in each eye) – Annual ceiling €1000

OTORHINOLARYNGOLOGY

- Removal of malignant tumours in all anatomical regions related to otorhinolaryngology
- Surgery for neurinoma of the eighth cranial nerve
- Reconstruction of the ossicular chain
- Nasal polyp surgery

NECK SURGERY

- Parathyroid surgery
- Retrosternal goitre surgery with mediastinotomy
- Total thyroidectomy with or without lymphadenectomy

RESPIRATORY SYSTEM SURGERY

- Surgery for cysts or tumours of the mediastinum
- Pulmonary echinococcosis surgery
- Surgery for bronchocutaneous fistulas

- Surgery for tracheal, bronchial, pulmonary or pleural tumours
- Total or partial pneumonectomy

CARDIOVASCULAR SURGERY

- Removal of carotid glomus tumours
- Aneurysm surgery: resection and transplantation with prostheses
- Abdominal aortic laparotomy surgery
- Saphenectomy of the great saphenous vein
- Surgery of the heart and large blood vessels with any form of access through the chest
- All heart procedures in the hemodynamics room

DIGESTIVE SYSTEM SURGERY

- Total or partial resection of the oesophagus
- Surgery of the anus and rectum for malignant oncological diseases
- Surgery of the pancreas, liver and kidneys for malignant oncological diseases
- Appendectomy with diffuse peritonitis
- Gastrointestinal perforation surgery
- Total colectomy, haemicolectomy and anterolateral rectocolic resection (with or without colostomy)
- Drainage of liver abscesses
- Excision of tumours of the retroperitoneal space
- Portal hypertension surgery
- Oesophagoplasty surgery

- Rectal amputation surgery
- Surgery for cysts, pseudocysts or pancreatic fistulas using laparotomy
- Hepatic echinococcosis surgery
- Megacolon surgery via the anterior or abdominoperineal route
- Surgery for pancreatic neoplasms
- Surgery for acute or chronic pancreatitis using laparotomy
- Surgery for gastrojejunal fistulas
- Megoesophagus surgery
- Follow-up surgery for bile duct reconstruction
- Gastric resection
- Extended gastric resection
- Total gastric resection
- Gastrojejunal resection
- Liver resection
- Cholecystectomy using any technique
- Bariatric surgery Sleeve Gastrectomy for BMI greater than 33

UROLOGY

- Urinary calculi treatment
- Radical cystoprostatectomy
- Total cystectomy surgery
- Orchiectomy surgery with lymphadenectomy for testicular neoplasms
- Radical prostatectomy surgery
- Reconstructive bladder surgery with or without ureterosigmoidostomy
- Radical nephroureterectomy
- Adrenalectomy
- Subcapsular prostatectomy
- Microsurgical varicocelectomy

GYNECOLOGY

- Radical surgery for vaginal tumours with lymphadenectomy
- Total hysterectomy with potential adnexectomy

- Abdominal or vaginal radical hysterectomy with lymphadenectomy
- Extended radical vulvectomy with inguinal and/or pelvic lymphadenectomy
- Surgery for endometriosis

ORTHOPAEDICS AND TRAUMATOLOGY

- Surgery for carpal tunnel syndrome
- Trigger finger surgery
- Destructive surgery for the removal of bone tumours
- Shoulder, elbow, hip or knee replacement surgery
- Resection surgery of vertebral bodies for fractures, vertebral collapse or malignant neoplasms
- Vertebral stabilisation surgery
- Cervical rib surgery
- Surgery for the reconstruction of severe and extensive limb mutilations due to trauma
- Limb re-implantation, hip and femur surgery including the implantation of prostheses not resulting from trauma
- Treatment of dosimetry and/or deviations of the lower limbs with external implants
- Knee surgery using arthroscopy
- Meniscectomy using arthroscopy
- Large, medium and small segment osteosynthesis
- Rotator cuff repair and acromioplasty of the shoulder

MAXILLOFACIAL SURGERY

- Oral and maxillofacial surgery for facial mutilations resulting from an accident and leading to a reduction in functional capacity of more than 25%

FAST Fund

Via Toscana, 1
00187 Rome

Advice service

freephone number

800 016639

from abroad

+39 051 6389046

Hours: 8.30 am – 7.30 pm

From Monday to Friday

For all Inpatient Department services, it is advisable to contact the number above in advance

www.fondofast.it

info@fondofast.it

prestazioni@fondofast.it